AIA SINGAPORE
INSURANCE ACT
INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009
FORM 5
REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to revoke a revocable nomination made in respect of one relevant policy.
2. Unless the context otherwise requires, this Form must be completed in full in order for the revocation of a revocable nomination to be valid.
3. The revocation of a revocable nomination under section 133(4) of the Insurance Act 1966 ("Insurance Act") must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of a revocable nomination, if valid, will take effect from the date this Form is lodged with the licensed insurer that issued the relevant policy specified in Part 1.
5. The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
6. In order for the revocation of the revocable nomination to be valid, this Form must be signed -
   (a) by the policy owner; and
   (b) by 2 appropriate signatories, both of whom must either -
      (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declaration in Part 2; or
      (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
7. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed insurer will not be bound to give effect to the purported revocation of the revocable nomination by this Form.
8. No amendments or corrections are allowed on the form. This includes any amendments with countersign or use of correction tape/fluid.

Part 1 POLICY OWNER'S INSTRUCTIONS

In accordance with section 133(4) of the Insurance Act, I revoke the Revocable Nomination which I had made on _____ (dd/mm/yyyy) in respect of the relevant policy specified below.

Policy No. or other reference of the relevant policy Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured.	
Name of insurer	**AIA SINGAPORE PRIVATE LIMITED**
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature^ or right thumb print* of policy owner	
Email Address of policy owner**	
Date (dd/mm/yyyy)	

^ "Signature", in relation to a signatory for an electronic form, means the signatory's secure electric signature.

* Please delete as appropriate.

** Please indicate "NIL" if it is not available.

Part 2 DECLARATION BY APPROPRIATE SIGNATORIES

Notes:

1. Each appropriate signatory must have attained the age of 21 years.
2. An appropriate signatory must not be a nominee or the spouse of a nominee.
3. Where the revocation of revocable nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the revocation of revocable nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

Declaration:

By signing below, I confirm that to the best of my knowledge and belief—

a. the policy owner completed and signed this Form;
b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
c. no fraud or undue pressure has been used to induce the policy owner to revoke the nomination as set out in Part 1 of this Form.

PT0022230 (02/2023 01/2024 05/2026)

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of appropriate signatory		
Address of appropriate signatory		
Telephone No. of appropriate signatory**		
Email Address of appropriate signatory**		
Signature^ of or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)		
	I confirm that i witnessed the signing of this Form.	I confirm that i witnessed the signing of this Form.
Signature^ of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	**Not Applicable**	
Date (dd/mm/yyyy)		

^ “Signature”, in relation to a signatory for an electronic form, means the signatory’s secure electric signature.
* Please delete as appropriate.
** Please indicate "NIL" if it is not available.

Have you

- ☐ *Indicated your Policy No(s)?*
- ☐ *Signed and dated all forms/letters?*
- ☐ *Obtained the name, I/C no, & signature of a witness who is not related to you?*

To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.

Please fold along dotted line

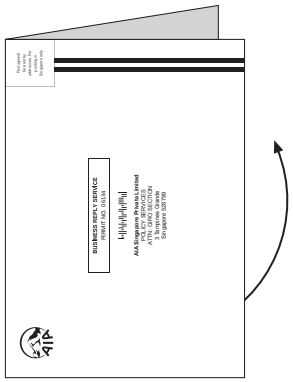
Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 06134

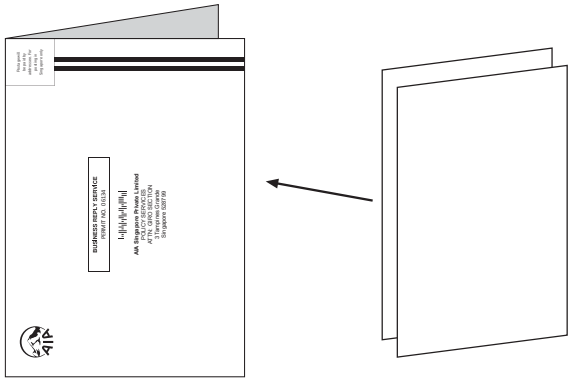
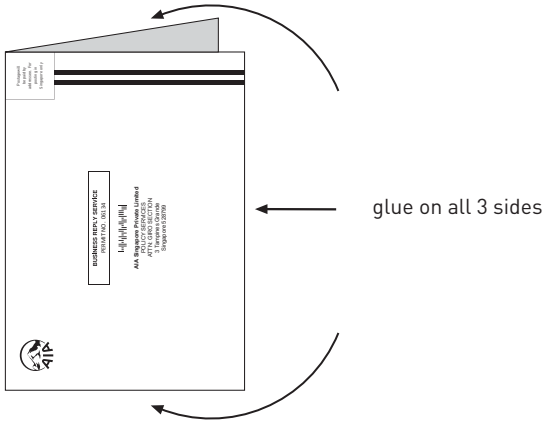
AIA Singapore Private Limited
POLICY SERVICES
3 Tampines Grande #09-01
AIA Tampines
Singapore 528799

How to use this postage-paid return envelope:

1) Fold this in half with the mailing details exposed



2) Attach your supporting documents within



3) Seal all 3 sides with glue encasing your supporting documents and mail